

S. No. 2
DM-5-43
v. 5-17-39
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15750

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 624

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
716 South 19th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 months
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 716 South 19th Street
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Peggy Jean Armstrong
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 10 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
—	<u>6</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name Ellow Armstrong
13. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Eda Mae Hill
15. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellow Armstrong
(b) Address 716 South 19th Street

17. (a) Burial (b) Date thereof June 3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Wm. H. Alexander
(b) Address 1602 Massance Street

19. June 3, 1946 (b) J. Weatherhead
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1946 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from May 26 to May 31 1946
that I last saw him alive on 31 May 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 da

Due to _____
Due to _____
Other conditions 101
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ Means of injury _____
23. Signature Carl Stearns (M. D. or other) _____
Address St. Joseph, Mo. Date signed June 4 1946

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14642

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Wm. H. Alexander

Registered Apprentice No. *402*

working under my personal supervision.

Signed.....

Frank A. Bowman

Licensed Embalmer No. *1710*

P. O. Address.....

St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.